

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33395

1. PLACE OF DEATH

County Jasper
Township Purcell
City Purcell (No.)

Registration District No. 394
Primary Registration District No. 4550

File No.
Registered No. 5
St. Ward)

2. FULL NAME

Louise Hannah M. Lee

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. M. Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Edwin Atwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. H. H. Eads
(Address) Kansas City, Kansas

15. FILED Oct 30, 1933 Thelma Hogan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933, to Oct 2, 1933, that I last saw him alive on Oct 2, 1933, and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Earle, M. D.

10-3, 1933 (Address) Abbe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Purcell Cemetery Oct 4 1933
20. UNDERTAKER Emel Mortuary ADDRESS Garfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

WHITE PAPER WITH WRAPPING HERE—THIS IS A PERMANENT RECORD

